

FLORIDA BOARD OF OPTICIANRY
4052 BALD CYPRESS WAY, BIN #C08
TALLAHASSEE, FLORIDA 32399-3258
(850) 245-4474

Application for Optical Establishment Permit

Please indicate the reason for completing the application and submit the non-refundable fee. A separate application must be completed for each establishment.

Please check the appropriate reason for this application.

- | | |
|--|--|
| <input type="checkbox"/> Registration and licensure of a new establishment | \$100.00(Change of ownership requires new registration.) |
| <input type="checkbox"/> Change of physical location | \$25.00 (duplicate license fee) |
| <input type="checkbox"/> Change of name of establishment | \$25.00 (duplicate license fee) |

Complete all sections of the application. Incomplete applications will delay processing.
Please type or print neatly.

ESTABLISHMENT INFORMATION:

I. Name of Establishment: _____

II. Name of Owner or Agent: _____ SS# or FED ID# _____

Mailing Address: _____
(Street) (Telephone Number)

(City) (State) (Zip)

III. Location Address of Establishment: _____
(Street)

(City) (State) (Zip) (County - required)

(Required: Print Name of Contact Person) (Required: Telephone Number of Establishment)

Name of Licensed Optician

If this is a location address change, please provide the old address:

(Street) (Telephone Number)

(City) (State) (Zip) (County)

Pursuant to Section 456.0635, Florida Statutes, the following questions are being asked.

If you answer yes to any of the following questions, explain on a separate sheet of paper providing accurate details and submit copies of supporting documentation.

- | | |
|--|--|
| 1a. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss.1395-1396? (If no, do not answer 1b.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 1b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2a. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?
(If no, do not answer 2b.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2b. If the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant has been terminated, has the applicant been reinstated and in good standing with the Florida Medicaid Program for the most recent five years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3a. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program?
(If no, do not answer 3b and 3c.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3b. Has the applicant been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3c. Did the termination occur at least 20 years prior to the date of this application? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

CERTIFICATION

I have carefully read the questions in the foregoing application and have answered them completely without reservations of any kind. I declare that these statements are true and correct and recognize that providing false information may result in disciplinary action pursuant to s. 456.067, F.S., or criminal penalties pursuant to s. 775.082, s. 775.083, or s. 775.085, F.S. Should I furnish any false information on this application, I hereby acknowledge that such act may constitute cause for denial, suspension, or revocation of any license to practice in the State of Florida.

I further declare that I am familiar with the laws and rules regulating Optical Establishments and that this facility meets the requirements of Chapter 484, Part I, Florida Statutes, and the Rules of the Board of Opticianry and Optical Establishments, and that this facility will be operated in compliance with all applicable laws and rules.

Signature of Owner or Agent

Date

Typed or Printed Name